# · L12000095082

(Req	uestor's Name)			
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(City/State/Zip/Phone #)				
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#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

RCM

RCM FLOORS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROXANNE CARRIZALES

Name of Person

RCM FLOORS LLC

Firm/Company

110 FAIRVIEW AVE

Address

**DAYTONA BEACH FL 32114** 

City/State and Zip Code

ADMINT@CFL.RR.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROXANNE CARRIZALES

386,631-6196

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

**MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO

### FILED

# ARTICLES OF ORGANIZATION 2013 JAN 30 AM 10: 34

SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### **RCM FLOORS LLC**

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 7/23/2012 and assigned Florida document number L12000095082					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limite	ed liability company here:				
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Company,"	the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRE	ESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or register registered agent and/or the new registered office addre	red office address on our	records, enter the name of the new			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
		, Florida			
No. B. C. L. A. C. L. M. C. L. B. L. L.	City	Zip Code			

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MATTHEW CARRIZALES	221 N. BRIGHTON DR	Add
		PORT ORANGE FL 32127	Remove
MGR	BRANDON GOAD	1612 CRESCENT RIDGE	Add
		DAYTONA BEACH FL 32118	Remove
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

D. If a	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
	CHANGING PRINCIPAL ADDRESS		
	221 N BRIGHTON DR		
	PORT ORANGE FL 32127		
Dated	1/28 2013		
	Signature of a member or authorized representative of a member		
	MARK CARRIZALES		
	Typed or printed name of signee		
	Page 3 of 3		
	Filing Fee: \$25.00		

PILED 2013 JAN 30 AN IO: 34 SECRETARY OF STATE SECRETARY OF STATE TALLAHASSEE, FLORIDA